

Effective Messaging – Thoughts and Considerations for Adult Immunization

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Communication and Messaging Begins with Understanding the Landscape, e.g.,

- Multiple products
 - An “immunization schedule” and individual vaccinations
 - Some vaccines more known than others (e.g., flu vaccine)
 - Vary on many dimensions (e.g., cost, timing, dosing, perceptions)
- Relatively little awareness and knowledge of. . .
 - Diseases
 - Vaccines, immunization recommendations
- Much competition. . .
 - For limited physician time
 - For consumer attention
 - Among health issues for the above
- Achieving Higher Vax Rates = Change on many fronts

Three Initial Thoughts

1. Need to “sell” the schedule and specific recs
 - For health care providers to make a higher priority
 - For 18+ => knowledge schedule exists and motivation to get recommended vaccinations
2. What’s “Common” for different audiences?
Persuading them (e.g., providers, patients. . .
 - This is important/important to do (i.e., warrants being a priority)
 - This is very much worth doing – worth your attention, efforts (i.e., brings significant benefits)
 - This is “easy to do”

Or as noted on King County Health Department website, the conclusion you’re striving for is . . .



3. A caution: Achieving widespread recognition of adult schedule and increasing vaccination may not be a “one solution” or “one message” problem



ADULTS NEED VACCINES!



Messaging Considerations – Some Insights from Recent Campaigns and Communication Practice

“Tips from a Former Smoker”



“3 Reasons why CDC’s anti-smoking campaign caught fire”

(Katie Stensberg, May 7, 2012)

- Get Real
 - Real people, not actors, makes things more believable – real people foster empathy
- Don’t just scare, surprise
 - Several stories feature health problems that most people might not have heard of before
 - Age of storytellers (younger than expected)
- Point the way to help

“2Million2Many” campaign – National Bone Health Alliance

- National campaign designed to
 - raise awareness of connection between osteoporosis and broken bones; and
 - Advance NBHA goal to reduce the rate of osteoporosis-related breaks by 20 percent by the year 2020
 - Get people as young as 50 to get follow up testing when they break a bone

Core Messaging Elements

- Highlight the large number of osteoporotic bone breaks in the U.S. each year (i.e., 2 million)
- Break the stereotype of osteoporosis as “a disease of little old ladies”
 - (“If it’s 50+ Fracture, Request a Test”)
- “Help people visualize the impact – and make it relevant to them now, while they can do something about it.”
- Use multiple media – print ads, public service announcement, a documentary, resources for healthcare providers, a website (www.2million2many.org)

Visualize – “Cast Mountain”



Build from flu vaccination messaging efforts. . .

- People want to know the benefits to them (i.e., messages must make clear the benefit)
- Language, words, examples, stories must resonate with targeted populations (e.g., personal stories, personal anecdotes supported with facts and statistics)
- Include empowering messages – people often respond negatively to judgmental and overly directive messages. People want to believe they are in control of their health and health care.
- Match images to content

Health Messaging: A Few Additional Considerations

- Campaigns and messages need to take health literacy into account – many adults have difficulty understanding and using health information and resources
- Race and ethnicity often matters – e.g., trust in physicians and mainstream medicine often lower among blacks
- Men and Women differ when it comes to health messaging
 - Most women turn to the web for health information and are most likely to use community and health-related websites.
 - Men often respond more to authority figures – and attend to information on physician expertise and training.
 - Women often have greater interest in vaccine safety information
 - Women often play a key role in “nudging” men when it comes to health

Thanks

Important places for messages. . .

